

## VEHICLE #2

Driver's name: \_\_\_\_\_ Owner's name: \_\_\_\_\_  
Driver's license no.: \_\_\_\_\_ (if different than driver)  
Driver's address: \_\_\_\_\_ Owner's address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Business phone: \_\_\_\_\_ Business phone: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

### THE VEHICLE

Make and model of vehicle: \_\_\_\_\_ Year: \_\_\_\_\_  
License No. \_\_\_\_\_ Province: \_\_\_\_\_  
Description of damage to vehicle: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### THE PASSENGERS

Passengers in vehicle?  Y  N

If yes,  
Name: \_\_\_\_\_ Position in vehicle\*: \_\_\_\_\_  
Name: \_\_\_\_\_ Position in vehicle: \_\_\_\_\_  
Name: \_\_\_\_\_ Position in vehicle: \_\_\_\_\_

\* E.g., front passenger, driver side rear, passenger side rear

### INSURANCE

Insurance company: \_\_\_\_\_ Insurance agent/broker: \_\_\_\_\_  
\_\_\_\_\_  
Policy number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

# So, you've had an accident...

**AN ACCIDENT, NO MATTER HOW MINOR, CAN BE VERY STRESSFUL AND CONFUSING. THINGS YOU WOULD NORMALLY THINK TO DO OR SAY CAN BE EASILY FORGOTTEN. THIS REPORT FORM WAS DESIGNED TO HELP YOU NOTE IMPORTANT DETAILS RELATED TO THE ACCIDENT.**

## TIPS

- It is important to stay calm.
- Always call the police if:
  - someone is hurt;
  - you think any other driver may be guilty of a Criminal Code offence, such as drunk driving; and/or
  - there is significant property damage or the vehicle is not driveable.
- If it is safe, try to move your car to the side of the road, out of traffic. If you can't drive your car, turn on your hazard lights or use cones, warning triangles or flares.
- Regardless of the circumstances of the accident, never admit fault for the accident, sign any documents regarding fault or promise to pay for the damages.



Be smart  
Be safe

From Canada's home, car  
and business insurers.



Be smart  
Be safe

From Canada's home, car  
and business insurers.

# THE ACCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Road conditions (e.g., icy, wet, clear, debris): \_\_\_\_\_

Weather conditions (e.g., fog, hail, clear): \_\_\_\_\_

## WHAT HAPPENED?

(In your own words describe what happened)

---

---

---

---

---

---



(Use this space to draw what happened)

**POLICE CALLED?**  Y  N

If yes,

Officer's name: \_\_\_\_\_

Badge number: \_\_\_\_\_

Occurrence number: \_\_\_\_\_

**ANYONE INJURED?**  Y  N

If yes,

Name: \_\_\_\_\_

Who: \_\_\_\_\_

(driver? passenger? pedestrian?  
which vehicle? witness?)

## WITNESSES TO THE ACCIDENT\*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

\* Independent witnesses are particularly important.

## VEHICLE #1

Driver's name: \_\_\_\_\_ Owner's name: \_\_\_\_\_

Driver's license no.: \_\_\_\_\_ (if different than driver)

Driver's address: \_\_\_\_\_ Owner's address: \_\_\_\_\_

Business phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

## THE VEHICLE

Make and model of vehicle: \_\_\_\_\_ Year: \_\_\_\_\_

License No. \_\_\_\_\_ Province: \_\_\_\_\_

Description of damage to vehicle: \_\_\_\_\_

## THE PASSENGERS

Passengers in vehicle?  Y  N

If yes,

Name: \_\_\_\_\_ Position in vehicle\*: \_\_\_\_\_

Name: \_\_\_\_\_ Position in vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Position in vehicle: \_\_\_\_\_

\* E.g., front passenger, driver side rear, passenger side rear

## INSURANCE

Insurance company: \_\_\_\_\_ Insurance agent/broker: \_\_\_\_\_

Policy number: \_\_\_\_\_ Expiry date: \_\_\_\_\_



Be smart  
Be safe

From Canada's home, car  
and business insurers.